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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5/1262
First Named Inventor	Frank Himmelsbach
COMPLETE IF KNOWN	
Application Number	10 / 016,280
Filing Date	December 10, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BICYCLIC HETERO CYCLES, PHARMACEUTICAL COMPOSITIONS CONTAINING THESE COMPOUNDS, THEIR USE AND PROCESSES FOR PREPARING THEM

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **12/10/2001**

as United States Application Number or PCT International

Application Number **10/016,280** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
100 23 085.7	DE	05/11/2000	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
199 28 281.1	DE	06/21/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/146,644	07/30/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
PCT/EP00/05547	06/21/1999		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number 28505 → <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Place Customer Number Bar Code Label here			
Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		28505	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
Address				
City	State	ZIP		
Country	Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Frank			HIMMELSBACH		
Inventor's Signature					Date
Residence: City	Mittelbiberach	State	Country	Germany	Citizenship
Post Office Address	DE				
Post Office Address					
City	Mittelbiberach	State	ZIP	88441	Country

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 1 of 2	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Elke		LANGKOPF					
Inventor's Signature						Date	
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Thomas		METZ					
Inventor's Signature						Date	
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
City	Wien	State		ZIP	1030	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Flavio		SOLCA					
Inventor's Signature						Date	2002-05-06
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbingergasse 1/9						
Post Office Address							
City	Wien	State		ZIP	1230	Country	Austria

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Case No. 5/1262

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
		Page <u>2</u> of <u>2</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Birgit		JUNG					
Inventor's Signature						Date	
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Anke		BAUM					
Inventor's Signature	<i>A. Baum</i>					Date	<i>36-08-00</i>
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
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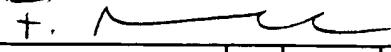
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Name						
Address						
Address						
City	State	ZIP				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Frank		HIMMELSBACH				
Inventor's Signature				Date	01/30/01	
Residence: City	Mittelbiberach	State	Country	Germany	Citizenship	DE
Post Office Address	Ahornweg 16					
Post Office Address						
City	Mittelbiberach	State	ZIP	88441	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

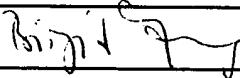
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Elke		LANGKOPF				
Inventor's Signature						Date <u>01/30/02</u>
Residence: City	Warthausen	State		Country	Germany	Citizenship DE
Post Office Address	Schloss 3					
Post Office Address						
City	Warthausen	State		ZIP	88447	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Thomas		METZ				
Inventor's Signature						Date
Residence: City	Wien	State		Country	Austria	Citizenship DE
Post Office Address	Traungasse 6/5					
Post Office Address						
City	Wien	State		ZIP	1030	Country Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Flavio		SOLCA				
Inventor's Signature						Date
Residence: City	Wien	State		Country	Austria	Citizenship CH
Post Office Address	Fimbingergasse 1/9					
Post Office Address						
City	Wien	State		ZIP	1230	Country Austria

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DECLARATION **ADDITIONAL INVENTOR(S)
Supplemental Sheet**
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Birgit			JUNG				
Inventor's Signature						Date	18/01/02
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Anke			BAUM				
Inventor's Signature						Date	
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Case No.



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[REDACTED] b6 b7c Disclosure information which is material to patentability as defined in 37 CFR 1.56.

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) filed by me on [REDACTED] for [REDACTED].

Application Number(s)		Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number

Place Customer

OR

Number Bar Code

Registered practitioner(s) name/registration number listed below

Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
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Name					
Address					
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City	State		ZIP		
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A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname						
Frank	HIMMELSBACH						
Inventor's Signature	Date						
Residence: City	Mittelbiberach	State	Country	Germany	Citizenship	DE	
Post Office Address	Ahornweg 16						
Post Office Address							
City	Mittelbiberach	State		ZIP	88441	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <input type="text" value="2"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Elke		LANGKOPF				
Inventor's Signature						Date
Residence: City	Warthausen	State		Country	Germany	Citizenship
Post Office Address	Schloss 3					
Post Office Address						
City	Warthausen	State		ZIP	88447	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Thomas		METZ				
Inventor's Signature	<i>Thomas metz</i>					Date
Residence: City	Wien	State		Country	Austria	Citizenship
Post Office Address	Traungasse 6/5					
Post Office Address						
City	Wien	State		ZIP	1030	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Flavio		SOLCA				
Inventor's Signature						Date
Residence: City	Wien	State		Country	Austria	Citizenship
Post Office Address	Fimbingergasse 1/9					
Post Office Address						
City	Wien	State		ZIP	1230	Country

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature							
Residence: City	Schwabenheim	State		Country	Germany	Date	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature							
Residence: City	Alland	State		Country	Austria	Date	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							
Residence: City		State		Country		Date	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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